EMPLOYMENT APPLICATION TO

THE CITY OF SELMA, ALABAMA

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PRINT FULL NAME	a de professión de de mente executar executar defensión de des plantes properties de la company de destructura			•			•
(First)	(Middle)			·····	(Last)		
PRESENT RESIDENCE	•			•	TELEPHO HOME:	NE NUI	MBERS:
(Number) (Street or Route)			ip Code)		CELL:		•
How long have you lived at your present residence?	How long have you live	ed in Dallas Cou	inty?	i	BUSINESS EXT:); ,	
FORMER RESIDENCE:					(only if applying fo DATE OF E		r or Police Officer)
Are you now employed? YES	<u></u>	YES [ОИ		SOCIAL SE	ECURIT	Y NO:
HAVE YOU EVER BEEN CONV VIOLATIONS? YES [If YES, explain fully, WHAT, WHERI	NO L				Positio		D FOR: Department
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NOTE: The existence of a crim	inal racard doos not	ronstituto an	automatic I	har to			
employment. The type of conv acts so that an accurate decisi	iction and how long a						
	FOR PERSON	MEL OFFI	E USE O	ŃLY	·		
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AVE YOU EVER SERVED IN THE A	ARMED FORCES OR AN'	Y RESERVE C	OMPONENT (OF THE (JNITED STA	TES OR	OF ANY STATE?
YES, Have you ever received a DISC	CHARGE, RELEASE, or S	SEPARATION 1	rom such forc	es which	was other th	an Hono	orable?
YES, Explain Fully:	t -				•		
	• • •					•	· · · · · · · · · · · · · · · · · · ·
RANCH OF SERVICE:			•				•
TE ENLISTED OR INDUCTED D	ATE OF SEPARATION	<u>RANK A</u>	AT TIME OF S	SEPARAT	TION	•	RATING

re City of Selma provides a public personnel system based on merit principles. It strives for improvement of public prvice by employing and developing the best qualified people available. Every job applicant is rated solely on his pility without regard to race, color, creed, sex, political beliefs, national origin, or handicap.

EMPLOYMENT HISTORY

HAVE YOU EVER BEEN EMPLOYED If YES, include details of such employ	ment in sections þélow.	YES NO	<u>.</u> .,
HAVE YOU EVER BEEN DISCHARG	ED OR REQUESTED TO RESIGN FR	OM ANY POSITION? YES	, NO
	3		
LIST AND DESCRIBE ALL YOUR PAID W BE SPECIFIC - Part of your rating may dep START WITH YOUR PRESENT OR LAST	pend on the information you give below.		
Last of Transport Inh	Tooms Home Dead	•	
Employer		,	THE COMMENT OF THE CO
Employer's Address	•		
Job Title		· FROM	(Month/Yea
Reason for Leaving		то	· . (Month/Yea
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Supervisor's Name.	.Telephone #	Ending Pay \$	
Employer			Makaka maka
Employer's Address			
Job Title		FROM	(Month/Year
Reason for Leaving		TO	(MontivYeal
pecific Duties performed		Hours per Week	-
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Supervisor's Name	Telephone#	Ending Pay \$	per
mployer			
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b Title		FROM	(Month/Year
eason for Leaving	•	то	(Month/Year
pecific Duties performed			where Control and the second and the
•		Starting Pay \$	per
ıpërvisor's Name	Telephone #	Ending Pay \$	· · per _ ·

ADDITIONAL PAID WORK EXPERIENCE.

(Continue to work back)

Dates	(Month & Year)	Hours per	Employer	Last Salary	
FROM	то то	Week	. Name & Address	(Per Month) .	Your Job Title and Dutles
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<u> </u>			**************************************	ominmus kildistationium—negyvalainees avalliliimy-ket maamaks-assis musiksilait a	
				p	d and the control of
·					
•			SUPPLEMENTARY IN	FORMATION	·
Do you hol	d a current a	nd valid Ala	bama Driver's License? YES	No	
Are you ski If YES, NAI		ade or profe	ssion? YES NO		
Do you hok	i any trade, p	profess <u>ional,</u> number, and	, or other Licenses or Per <u>mits?</u> I date of expiration in the space pro	YES . [.	NOm say If
Type/Kind:			Number:	Nonemanticional de la company	ixpiration Date:
Are you skill	led in the ope	eration or m	aintenance of any office machines,	shop tools, heavy mo	oblie or státionary equipment YES NO
f YE 8, nam	e the type of	machines c	ding Equipment, Electric Pumps, Poor equipment, and the years of expe	rience you have had	In the space provided below.
Type/Kind: .	والمعاونة			o de la composição de la c	
ears of Exp	oerience:				
Additional In	formation; _				
IST ANY REL	ATIVES WORK	ang for th	E CITY OF SELMA		
lame;			Relationship:		epartment;
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EDUCATION AND OTHER FORMAL TRAINING

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Drug abuse while at work or otherwise, seriously endangers the safety of employees and the general public and creates a variety of work place problems including increased injuries on the job, increased absenteeism, increased health and benefits costs, increased work theft, decreased morale, decreased productivity, and a decline in the quality of services provided by the city. As a condition of employment, the city routinely screens job applicants for drug use in order to avoid the problems associated with drug abuse.

Job applicants are required to submit to drug testing at or near the final stage of the hiring process. Any offer of employment will be conditional upon a negative drug test result.

The policy is contained in Flule 8 of the City of Selma personnel rules and regulations which is available for your review.

I have read the I understand the paragraphs above.

Date	Applicant's Signature	

FOR EMPLOYEE SERVICES USE ONLY TEST RESULTS: (If Applicable)

COMMENTS:

AUTHORIZATION TO RELEASE INFORMATION

information or records military and educationa hold you, your firm, or	1 records. I	further state	that I will n	ot .
information.	Tra Officer	a tradte tot t	Lease of this	
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	CITY OF S	ELMA, ALABAHA		
Signature of Applicant	CITY OF S	ELMA, ALABAMA	Date	:TOTO, glassifiers de
Signature of Applicant Social Security	CITY OF S	ELMA, ALABAMA	Date	-cau-a

APPLICANT'S NAM	 Æ		-
Computer Skills:	•		
• MSWRD	Beginning	Intermediate	· Advanced
• EXCEL (incl. formulas)			·
• · POWERPOINT		•	
• Other Software Packages		- 1	And the Control of th

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A COCCUTATION AND	CHETTER
ACCOUNTING	18. 1. 11 78
	F-7-8-8-8-1-8-4(F-7-8)

(List below)

List formal Accounting Courses Tak	rėni	D====0-mmman===0000mm==000mm==000mm==0000000000	
Other experience (i.e. percell CI etc.	`		

Department Heads - Please distribute to each of your employees.

TO:

City of Selma Employees

FROM:

Personnel Department

DATE;

October 12, 2007

RE:

Race or Ethnicity Self-identification-

The City of Selma is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, you are invited to voluntarily self-identify your race or ethnicity.

Providing this information is voluntary and refusal to provide will not subject you to any adverse treatment.

The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders and regulations, including those that require the information to be summarized and reported to federal government for civil rights enforcement. When the information is reported to the federal government, data will not identify any specific individual.

Please complete the self-identification survey below and return to the Personnel Department no later than October 22, 2007.

Thank you for your cooperation.

Name:	and the state of t		
PLEASE PRI	NT: LAST	FIRST	INITIAL
DEPARTMEN			
niv one (1)	the box that most a	consists describes your	race/ethnicity; You may check.
	A CONTRACTOR OF THE PARTY OF TH		
Africa	n American (Not Hi	spanic of Latino)	
Ameri	can Indian or Alaska	Native (Not Hispanic or	r Latino)
[] Asian	(Not Hispanic or Lat	ino).	
Hispan	ic or Latino		
☐ Native	Hawaiian/Pacific Isl	ander	
☐ Two or	More Races		
White	(Not Hispanic or La	itino)	



CITY OF SELMA PERSONNEL DEPARTMENT P.O. BOX 450 Selma, Alabama 36701

To:				luman Resources irector
cooperation in providing us we have enclosed a stamped, s	vith the information self-addressed enve	listed below would be lope.	ion for a job wit greatly apprecia	h the City of Selma. Your ted. For your convenience
	Excellent	Good	Average	Unsatisfactory
Attendance and Punctuality				
Ability to communicate			•	
Cooperation with Others			pr	•
Ability to accept Instructions	-		•	
Ability to use Proper judgmen	t			
Effective Use of Time				
Employment Dates:	FROM	T(0	
Position Held	,			
Reason for Leaving				, almost produced
Is this individual eligible for re	hire? Yes	No		
Additional Remarks:				
Reference Signature	,	Date_		
I authorize the above person or be required to arrive at an emp liability as a result of complian	loyment decision.	1 release you as the cus	na with any rele todian of such 1	yant information that may ecords from any and all
		Social Security Numb		Date
invienante Nama		Social Security Numb	er /	a Date

Social Security Number

Applicant's Name



CITY OF SELMA PERSONNEL DEPARTMENT P.O. BOX 450 Selma, Alabama 36701

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Average	Unsatisfactory
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Social Security Number

Applicant's Name



CITY OF SELMA PERSONNEL, DEPARTMENT P.O. BOX 450 Selma, Alabama 36701

To:		•		From:	Human Resources
					Director
	•				
cooperation in providing us w we have enclosed a stamped, s	ith the inform elf-addressed	has nation listed b envelope.	made applic low would b	ation for a job w e greatly apprec	rith the City of Selma Yo lated. For your convenies
Please indicate your rating by				•	
Attendance and Punctuality	Excellent		Good	Average	Unsatisfactory
Ability to communicate					-
Cooperation with Others					
Ability to accept Instructions				**********	
Ability to use Proper Judgment			•		
Effective Use of Time	•	-		•	
Employment Dates:	FROM				
Position Held			1()	
Position Held Reason for Leaving	•				
s this individual eligible for rehire					
dditional Remarks:	,				
eference Signature_					
4			Date	_//_	
uthorize the above person or Org required to arrive at an employn bility as a result of compliance wi	canization to present decision. the this reques	provide The (I release you it.	City of Selma as the custo	with any releva dian of such rec	nt information that may ords from any and all
		••		. 1	
plicant's Name		Social Secur	ity Number	·- 7	Date

Date